-	Effective October 1, 2003							7 6	رات ال	. W	لکھے کا
				S FILED - PART ((Column 1)		olumn 2)	SMALL ENTITY TYPE		0.1	OTHER THA	
-	TOTAL CLAIM	MS					RAT				
	FOR	NUMB	NUMBER FILED		ABER EXTRA	BASIC			RATE		
1	TOTAL CHARGEABLE CLAIMS			1		MOEN EXTRA	- SASIC		— OF	BASIC FE	E 950
-11	INDEPENDENT CLAIMS			/ minus 20=			XS 9	=	ÖF	X\$18=	1
-11-				minus 3 =			X43=		OF	X86=	
	MOLTIPLE DEP	ENDENT CLAIM	PRESENT				1.15	1			
. If the difference in column 1 is less than zero, enter "0" in colum						column 2	+145: TOTA		OF	-290=	
	CLAIMS AS AMENDED - PART II							L	OR	TOTAL	950
1_		(Column 1)		(Column 2) (Column 3)			SMAL	L ENTITY	. OB	OTHE	R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING		HIGHE	ST	J		ADDI			ADDI-
		AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT	RATE			RATE	TIONAL
	Total	•	Minus	**		=	X\$ 9=		OR	XS18=	
	Independent		Minus	***		=	X43=			X86=	1
-	FIRST PRESENTATION OF MULTIPLE DEF			EPENDENT	CLAIM			 	OR		
·							+145=		OR	+290=	
								<u> </u>	OR	TOTAL ADDIT. FEE	·
		(Column 1)	T	(Colum		(Column 3)					_
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIOL PAID FO	ER JSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ğ	Total	•	Minus	**		= '	XS 9=			X\$18=	<u> </u>
\ME	Inaependent	•	Minus	***		=	 	 	OR		·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X43=	╀	OR	X86=	
	•	·				•	+145=	İ	OR.	+290=	
				• • • • • • • • • • • • • • • • • • • •	TOTAL		OR ,	TOTAL ODIT FEE			
-		(Column 1)		(Column	2) [.]	(Column 3).			- . •		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<u> </u>	Total	•	Minus	**		= .	X\$ 9=	1 5.5		X\$18=	
ME [Independent	•	Minus	***		= :			OR	- 	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA				LAIM		X43=		ÖR	X86=	
. 11	the entry in colum	nn 1 is less than th	ento in acti	mp 2 water *C*			+145=		OR	+290=	·
•••	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									TOTAL DOIT, FEE	
: T	he *Highest Numi	ber Previously Paid	For (Total or	Independent)	ss than is the h	3, enter "3," lighest number f		ropriate box	in colur	nn 1.	
											ŀ

Application or Docket Number